

# **REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL** **(Submitted Only via EFS-Web)**

Application Number	09552073	Filing Date	2000-04-19	Docket Number (if applicable)	26466-0061	Art Unit	3696
First Named Inventor	Adam Coyle			Examiner Name	Ella Colbert		

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at WWW.USPTO.GOV

## **SUBMISSION REQUIRED UNDER 37 CFR 1.114**

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

☐ Other \_\_\_\_\_

☒ Enclosed

☒ Amendment/Reply

☐ Information Disclosure Statement (IDS)

☐ Affidavit(s)/ Declaration(s)

☒ Other

Petition for Revival of an Application Unintentionally Abandoned

## **MISCELLANEOUS**

☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months \_\_\_\_\_  
(Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

☐ Other \_\_\_\_\_

## **FEES**

**The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.**

☒ The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to  
Deposit Account No 195029

## **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

☒ Patent Practitioner Signature

☐ Applicant Signature

Adjustment date: 04/26/2010 CKHLOK  
02/25/2010 INTERSW 00004119 195029 09552073  
01 FC:1453 1620.00 CK

Doc code: RCEX

Doc description: Request for Continued Examination (RCE)

PTO/SB/30EFS (03/08)

Approved for use through 06/30/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Signature of Registered U.S. Patent Practitioner			
Signature	/Christopher J. Chan/	Date (YYYY-MM-DD)	2010-02-24
Name	Christopher J. Chan	Registration Number	44070

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 04/22/10		2 Serial/Patent # 09/552,073			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
<input checked="" type="checkbox"/>	Other	RCEX	02/24/10	\$ 810.00	
			7 TOTAL AMOUNT OF REFUND		\$ 810.00
10 REASON:		8 TO BE REFUNDED BY:			
	Overpayment	<input checked="" type="checkbox"/>	Treasury Check		
	Duplicate Payment		Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9	1	9	--
			5	0	2
			9		
IMPROPER FILING. RCE DEEMED UNNECESSARY					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: April M. Wise		TITLE: Petitions Examiner			
SIGNATURE: /APRILMWISE/		PHONE: 571-272-1642			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: <i>CKhdk</i>		DATE: 4/24/10			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*